

Name
in
Full

Margaret E Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belvue</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death <i>1910</i>		Month <i>Feb</i>		Day <i>10</i>		Years <i>38</i>		Months <i></i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Talbot co</i>					
Occupation <i>Domestic</i>				Where Residing if not at place of death.					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas Adams</i>							
Father's Name <i>Henry Gates</i>				Father's Birthplace <i>Talbot co</i>					
Mother's Maiden Name <i>Lizzie Thomas</i>				Mother's Birthplace <i>Talbot co</i>					
Name of person giving Information <i>Chas Adams</i>				How related to deceased <i>Husband</i>					

CAUSES OF DEATH

64

✓

PHYSICIAN
OR CORONER

Primary <i>Paralysis, Apoplexy</i>		How long <i>2 weeks</i>	
Immediate <i>Coma</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Sam'l C. Inkpen</i>	
<i>Yes</i>		Address <i>Royal Oak Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

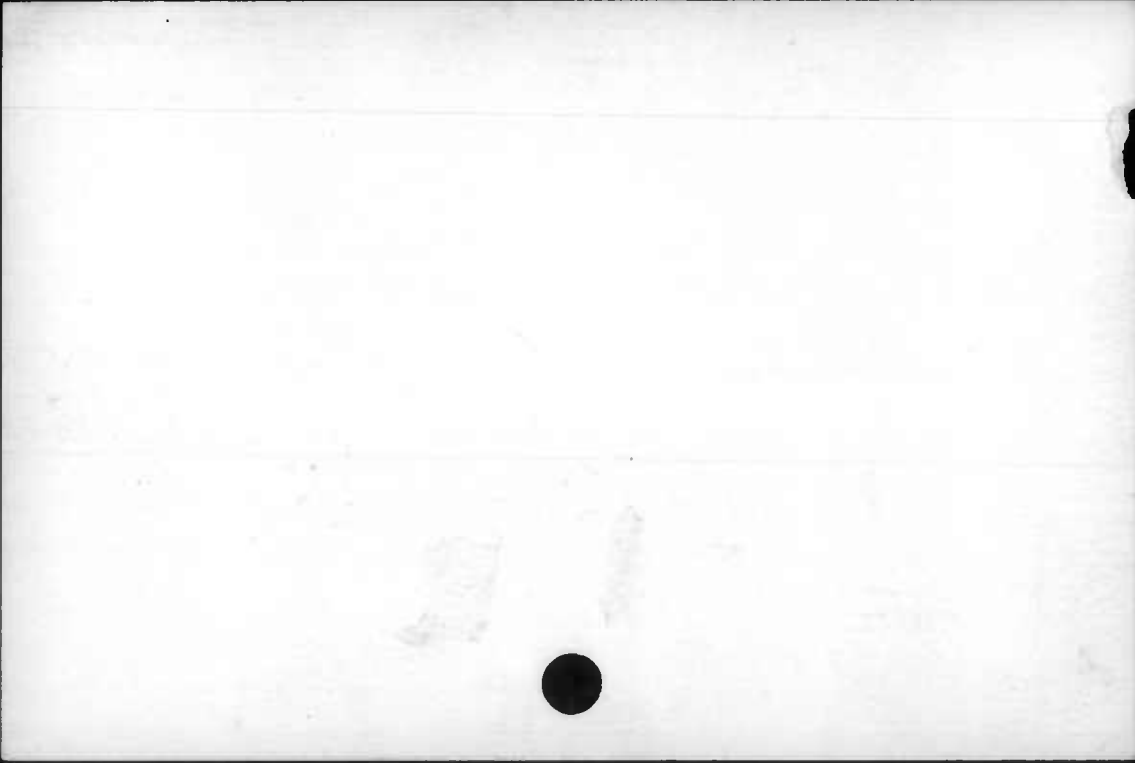
TO BE ANSWERED BY
NEAREST FRIEND

Town <u>Bakers</u>		County <u>Talbot</u>		MARYLAND	
Died at <u>near Easton</u>					
Date of death <u>1960</u>	Month <u>2</u>	Day <u>16</u>	Age <u>0</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>male</u>	Color or Race <u>Caucasian</u>	Birthplace <u>Linos Mills Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Capt. Lewis R. Baker</u>	Father's Birthplace <u>Albion N.Y.</u>				
Mother's Maiden Name <u>Cathleen Leeson</u>	Mother's Birthplace <u>Patterson N.J.</u>				
Name of person giving Information <u>Capt. Baker</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cord about neck</u>	How long <u>During birth</u>
Immediate	<u>Strangulation</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>J. O. Sullivan</u>
		Address <u>Easton Md.</u>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Ball

MARYLAND

Died at *Easton* ^{Town}*Talbot* ^{County}

Date

of death 190

Month

Feb

Day

21

Age

Years

50

Months

11

Days

21

Sex

*Female*Color or
Race*White*Birth-
place*Talbot County*

Occupation

*Housewife*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Married*Name of Wife or
Husband*John E. Ball*Father's
Name*Joseph P. Collins*Father's
Birthplace*Talbot County*Mother's
Maiden Name*Sarah A. Nichols*Mother's
Birthplace*Talbot County*Name of person giving
Information*Charles E. Ball*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Peritonitis

How long

5 days

Immediate

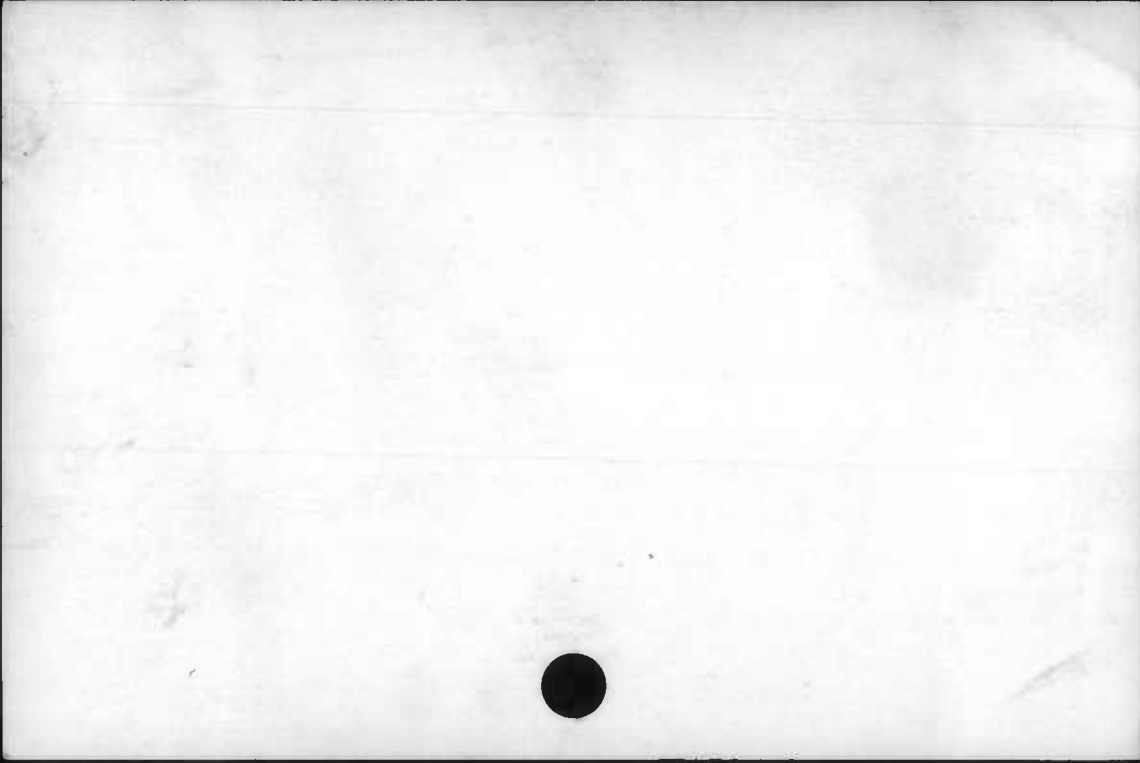
Exhaustion

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. R. Lippe*

Address

*Easton*Accident ~~outside~~*Med*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John H Blackston
Town Easton County Talbot

MARYLAND

Died at
Date of death 1940 Feb 23 Age 58
Month Day Year Months Days

Sex Male Color or Race Black Birthplace Eastern Co
Occupation Laborer

Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband Sistine Blackston

Father's Name Theadue Blackston Father's Birthplace Eastern Co

Mother's Maiden Name Okanty Smith Mother's Birthplace Eastern Co

Name of person giving information Sistine Blackston How related to deceased wife

CAUSES OF DEATH

Primary Double Pneumonia How long 4 days

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas J. Dandson

Address

Easton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>70</i>	Day <i>14</i>	Age <i>70</i>	Months <i>0</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Perry Brooks</i>				
Father's Name <i>Livie Fields</i>	Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Ellen Fields</i>	Mother's Birthplace <i>Talbot Co</i>				
Name of person giving information <i>George Brooks</i>	How related to deceased <i>Son</i>				

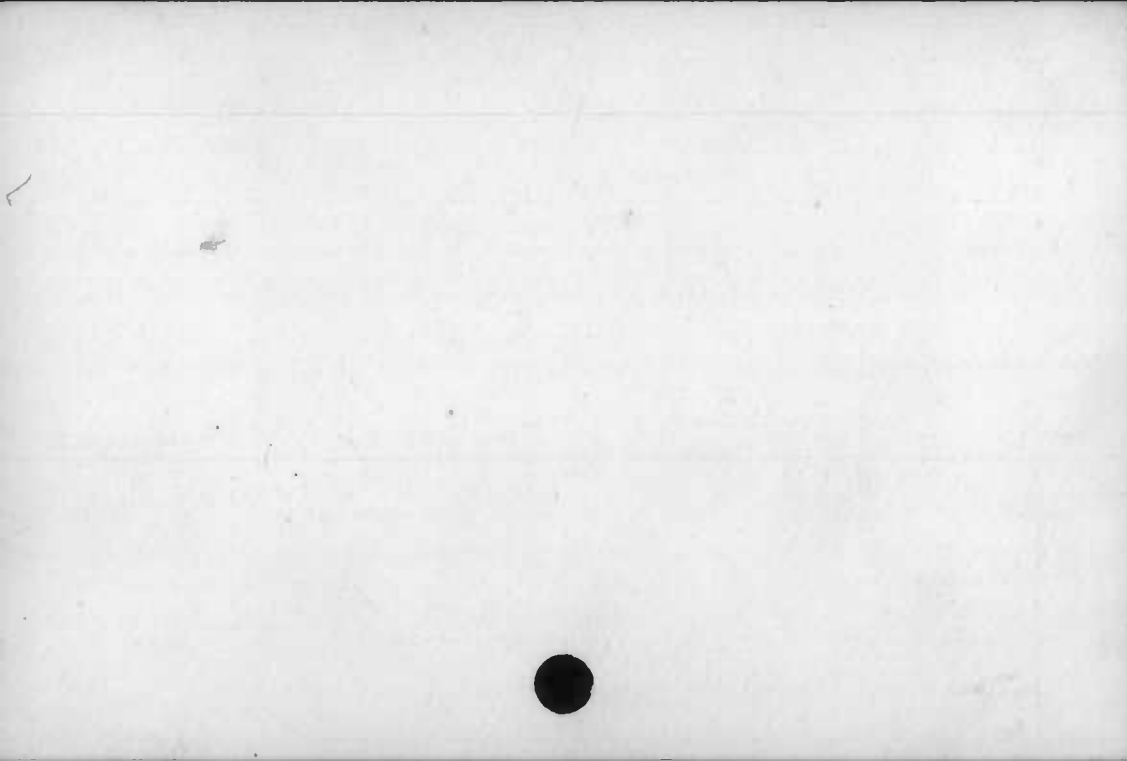
CAUSES OF DEATH

66

V

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>One year</i>
Immediate <i>Bright Disease</i>	How long <i>2 to 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. P. Roberts</i>
	Address <i>Oxford Md</i>
Accident or Suicide?	



Name
in
Full

Helen Brown

CERTIFICATE OF DEATH

Town

Trappe

County

Talbot

MARYLAND

Died at

Date

of death 1900

Month

Feb

Day

8

Age

Years

24

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Talbot Co md

Occupation

Cook

Where Residing if not
at place of death

Talbot Co

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

James Brown

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Frank Bennett

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Tuberculosis

How long

7 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

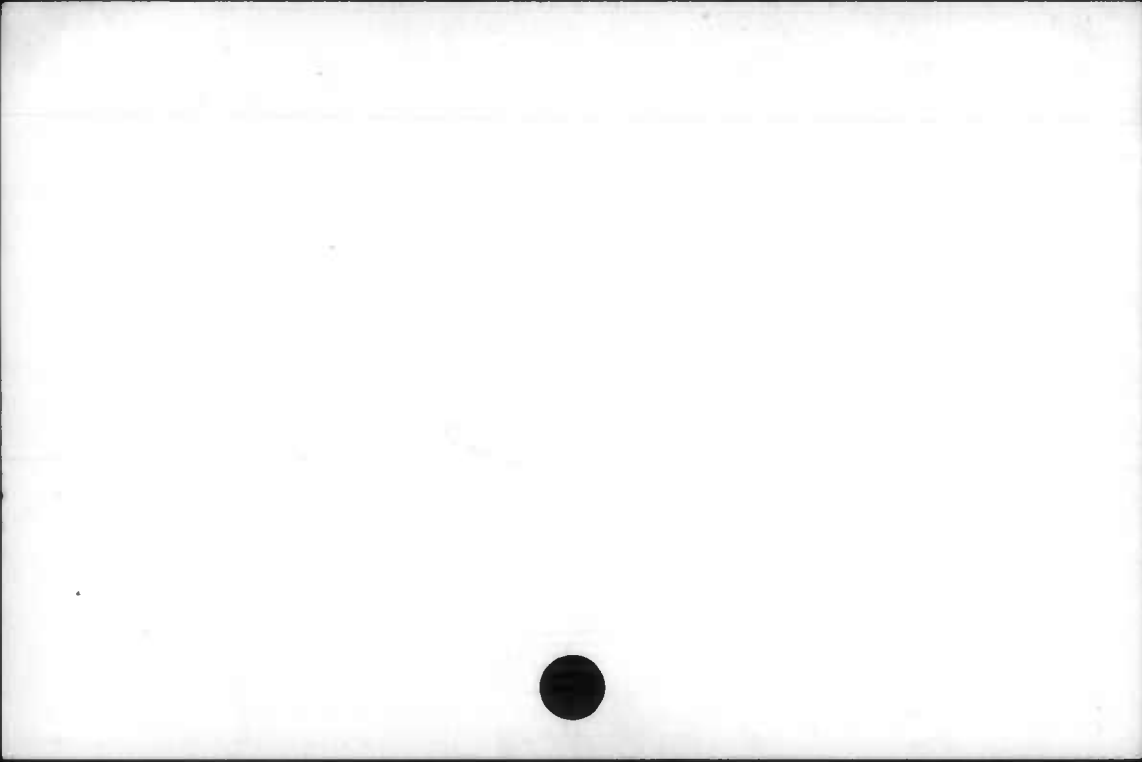
Address

J. L. McCormick

Trappe md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary. Etta. Chamberlain

CERTIFICATE OF DEATH

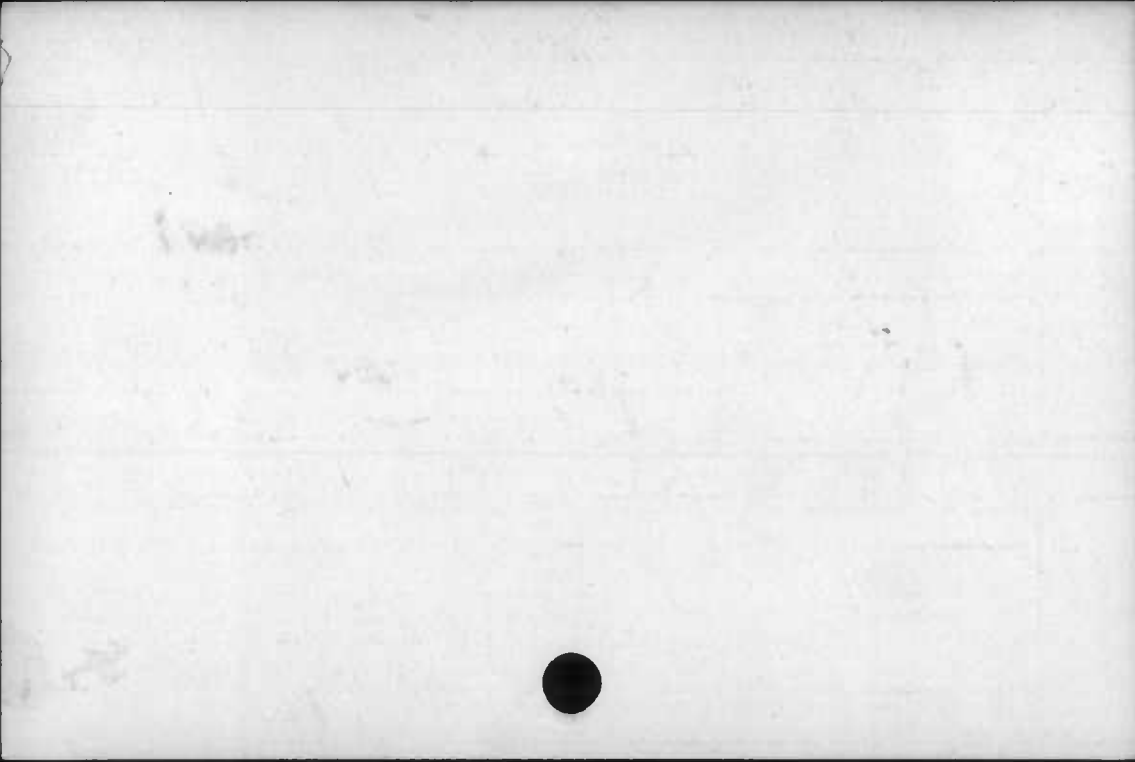
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cordova		County		MARYLAND	
Date of death		1900	Month Feb	Day 18 th	Age 1	Years 11	Months 11
Sex Girl		Color or Race Colored		Birth- place Chapel Hill			
Occupation None				Where Residing if not at place of death Near. Cordova			
Married, Single or Widowed		Name of Wife or Husband None					
Father's Name Unknown				Father's Birthplace			
Mother's Maiden Name Anna Chamberlain				Mother's Birthplace Cordova, Md			
Name of person giving In formation Charles Chamberlain				How related to deceased Grandfather			

CAUSES OF DEATH

10thPHYSICIAN
OR CORONER

Primary	Intoxication with diarrhoea	How long	6 weeks
Immediate	convulsions	How long	an hour or less
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. W. Little, M. D.	
No physician in attendance		Address Cordova Md	
Accident or Suicide?			



Name
in
Full

Alice Virginia Coxson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mathews Town		Gallat. County		MARYLAND	
Date of death 1900	Month Feb	Day 20	Age —	Months —	Days 10 hours
Sex Girl		Color or Race Black		Birth-place Mathews	
Occupation —		Where Residing if not at place of death Mathews			
Married, Single or Widowed Single		Name of Wife or Husband None			
Father's Name George Coxson			Father's Birthplace Mathews		
Mother's Maiden Name Rebecca Wilson			Mother's Birthplace Chapel		
Name of person giving information Rebecca Coxson			How related to deceased Mother		

CAUSES OF DEATH

Primary **Unknown - No Physician**
 in Attendance
 Immediate

How long **189** ✓

How long

Are the name, age, sex, color, date and place correctly given above?

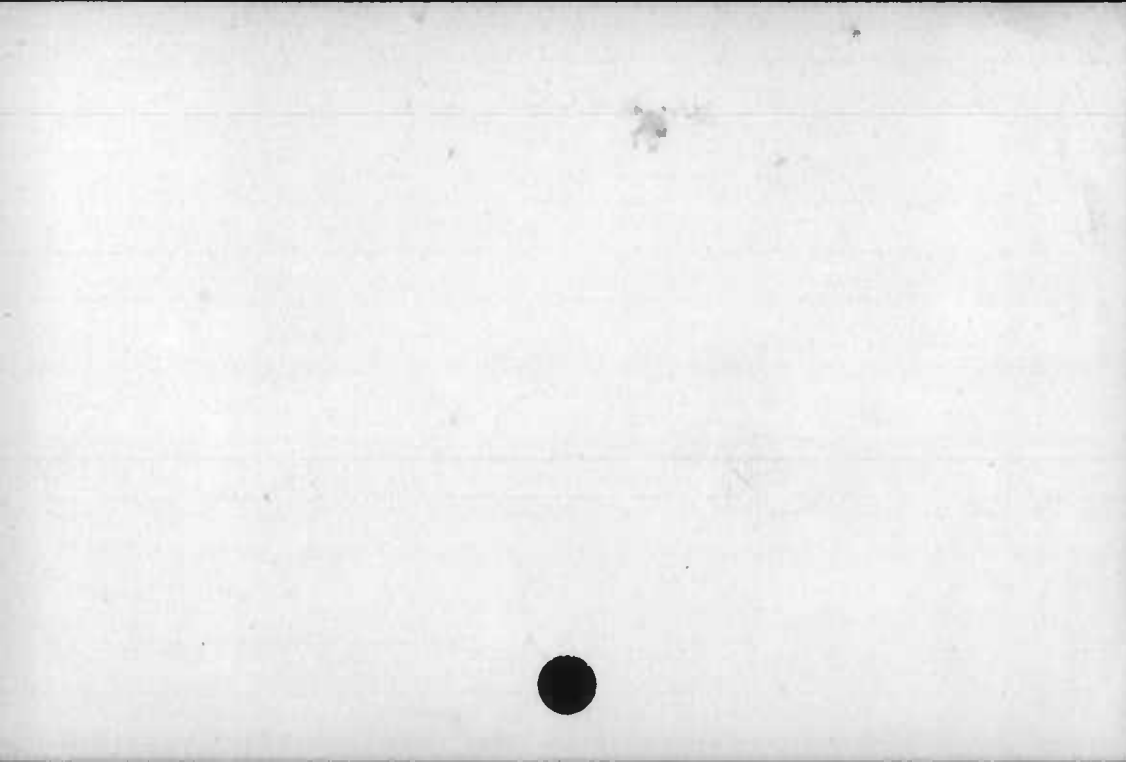
Signature of Physician

Address

No evidence of foul play
 Accident or Suicide?

C. M. Stille
Cordova
md

PHYSICIAN
OR CORONER



Name
in
Full

Hazeta Diamond

CERTIFICATE OF DEATH

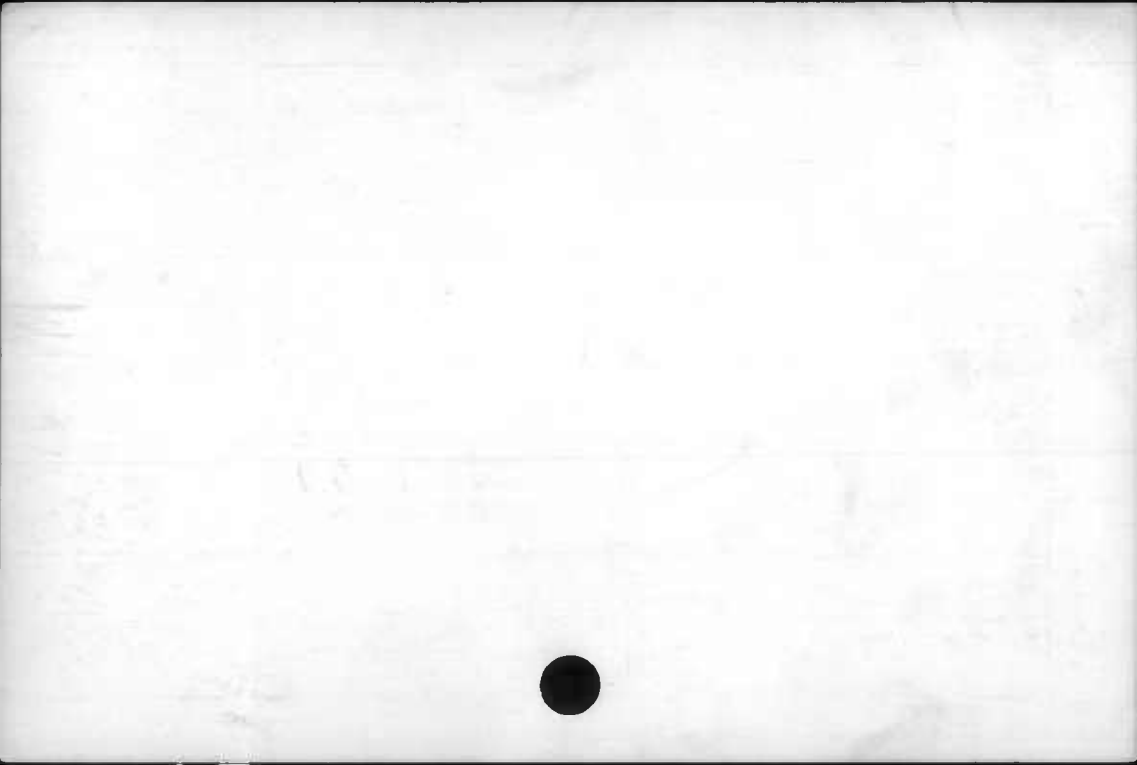
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Royal Oak</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death	1900	Month	Feb	Day	20	Age	20
Sex	Female	Color or Race	white	Months	5	Days	7
Occupation	<i>Suff</i>			Birth-place	<i>Royal Oak, Md</i>		
Where Residing if not at place of death							
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Wm R. Diamond</i>			Father's Birthplace	<i>Talbot Co</i>		
Mother's Maiden Name	<i>Jessie Byatt</i>			Mother's Birthplace	<i>Talbot Co</i>		
Name of person giving Information	<i>Brother Wm Diamond Jr</i>			How related to deceased	<i>Brother</i>		

CAUSES OF DEATH

Primary	<i>Bronchitis</i>	How long	<i>89</i> <i>10 days</i>
Immediate	<i>Heart failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Paul C. Tipper</i>
		Address	<i>Royal Oak Md</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

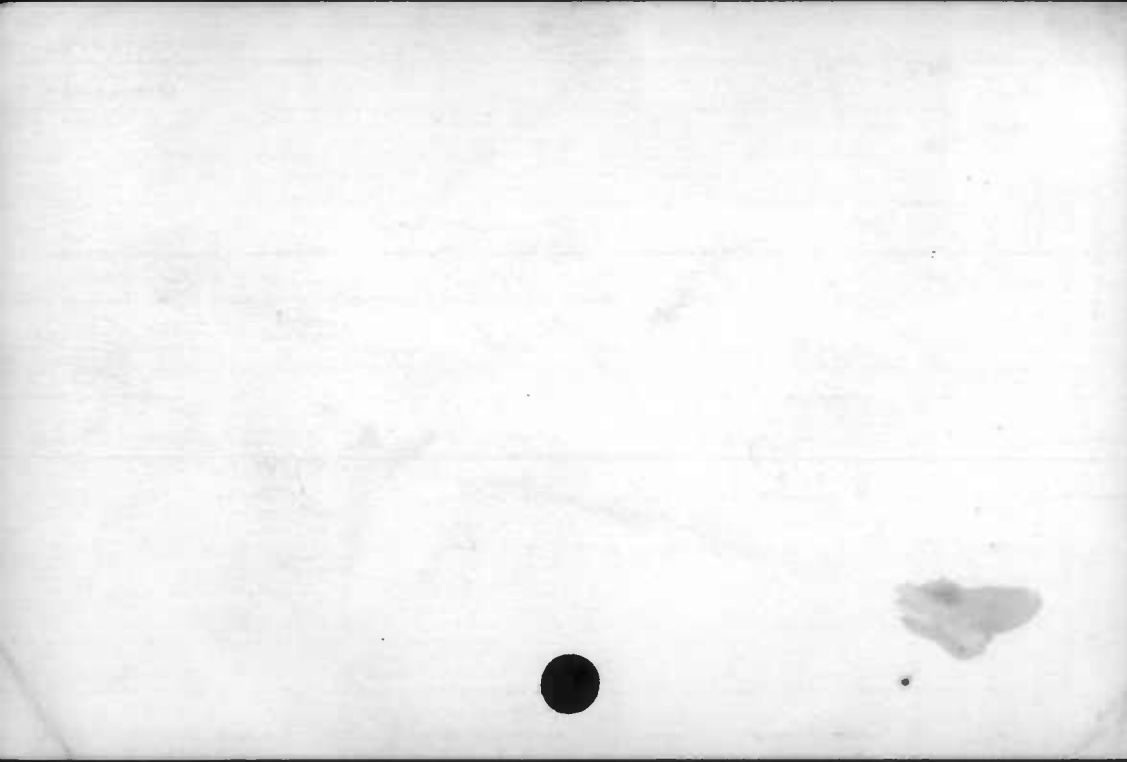
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak Md.</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death <i>1901</i>	Month <i>Feb.</i>	Day <i>21</i>	Years <i>18</i>	Months <i>1</i>	Days	Age <i>18</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Tal. Co. Md.</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Edward E. Fields</i>	Father's Birthplace <i>Tal. Co. Md.</i>						
Mother's Maiden Name <i>Elina J. Goldsborough</i>	Mother's Birthplace <i>Tal. Co. Md.</i>						
Name of person giving Information <i>Kettie B. Fields</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 hrs</i>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">27</div> <div style="margin-left: 5px;">✓</div> </div>
Immediate <i>Exhaustion</i>	How long <i>6 mo</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Davidson</i>	<div style="background-color: black; width: 40px; height: 40px; margin: 0 auto;"></div>
	Address <i>Easton Md</i>	
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Louis Trappe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1980		Feb	29	5			
Sex	male	Color or Race	Negro	Birth-place	Talbot Co		
Occupation	Adm	Where Residing if not at place of death		Trappe			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Minie Trappe			Mother's Birthplace	Talbot Co		
Name of person giving Information	Alex Green			How related to deceased	None		

CAUSES OF DEATH

Primary	Measles, Pneumonia	How long	One week
Immediate	Unknown	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. McCormick
Trappe
Md

Accident or Suicide



Name
in
Full

Samuel Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 1910 Month 2 Day 17 Age 47 Months — Days —

Sex Male Color or Race White Birth-place Easton

Occupation Stock Dealer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Nellie Gale

Father's Name John E. Gale Father's Birthplace Easton

Mother's Maiden Name Mary E. Baker Mother's Birthplace Easton

Name of person giving Information Mrs. A. G. Grace How related to deceased Sister

CAUSES OF DEATH

Primary Pneumonia How long 93 One Week

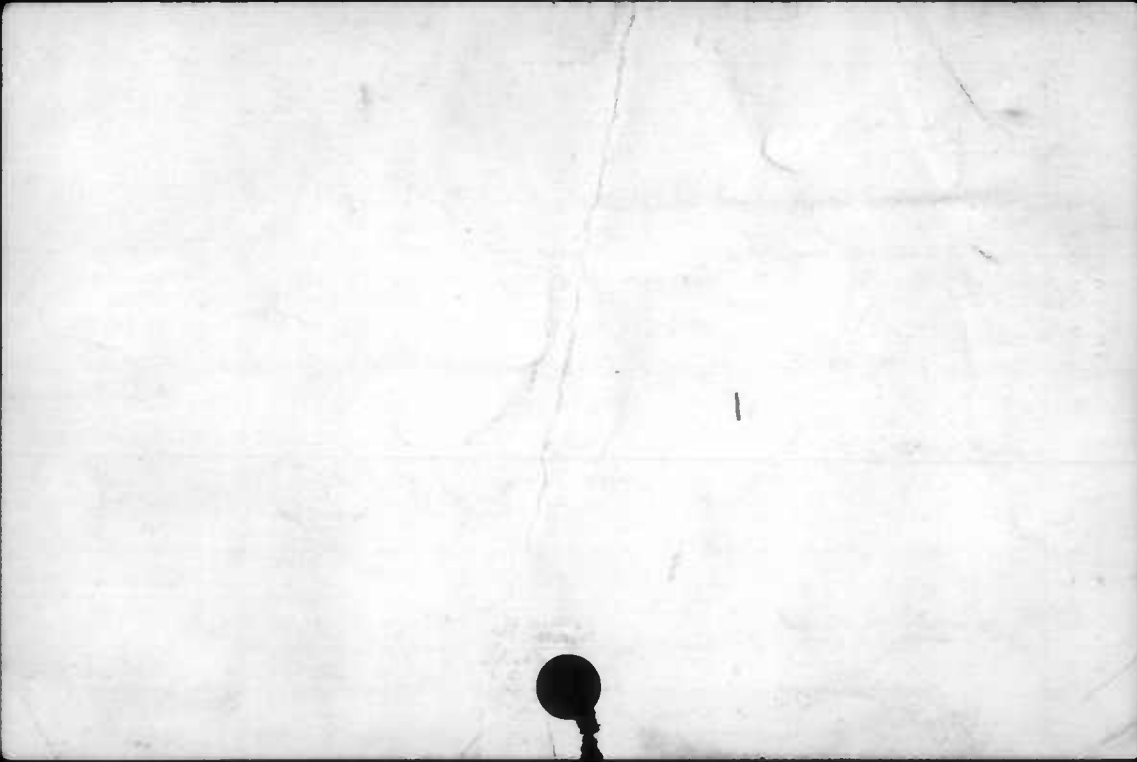
Immediate Cerebrum How long 6 hrs.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician P. I. [Signature]
Address [Signature]

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Roy, Virginia Greenhawk

CERTIFICATE OF DEATH

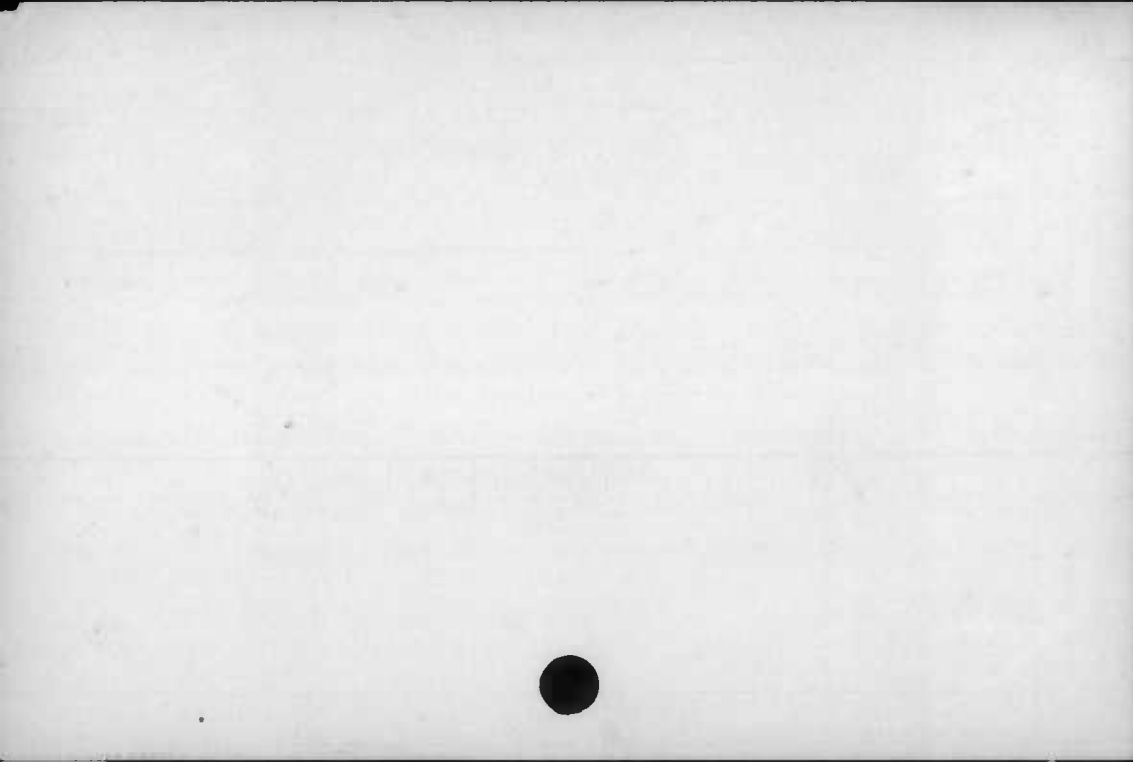
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leesport</i>		County <i>Talbot</i>		MARYLAND	
Date of death 19	0	Month	<i>Feb</i>	Day	<i>12</i>	Years	<i>5</i>
Sex <i>girl</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Days <i>2</i>	
Married, Single or Widowed <i>Engaged</i>				Occupation <i>none</i>			
Name of Wife or Husband							
Father's Name <i>Jonas Greenhawk</i>				Father's Birthplace <i>Chapel</i>			
Mother's Maiden Name <i>Annie Andrew</i>				Mother's Birthplace <i>Baltimore, Md.</i>			
Name of person giving information <i>Annie Greenhawk</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

Primary	<i>Marasmus</i>	189	How long <i>since birth</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Stitt</i>	
<i>No physician has ever attended child</i>		Address <i>Cordova 2nd</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Mafaley Hoines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton ^{Town} 1st ^{County}

Date of death 1901 ^{Month} Feb ^{Day} 6 Age 81 ^{Years} ? ^{Months} ? ^{Days} 17

Sex Female Color or Race White Birth place Dachshville

Occupation Retired Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name Do not know Father's Birthplace Dachshville

Mother's Maiden Name Rachel Johnson Mother's Birthplace Dachshville

Name of person giving Information Henry Butler How related to deceased Son

CAUSES OF DEATH

Primary Pneumonia & 81 yrs.Immediate & Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

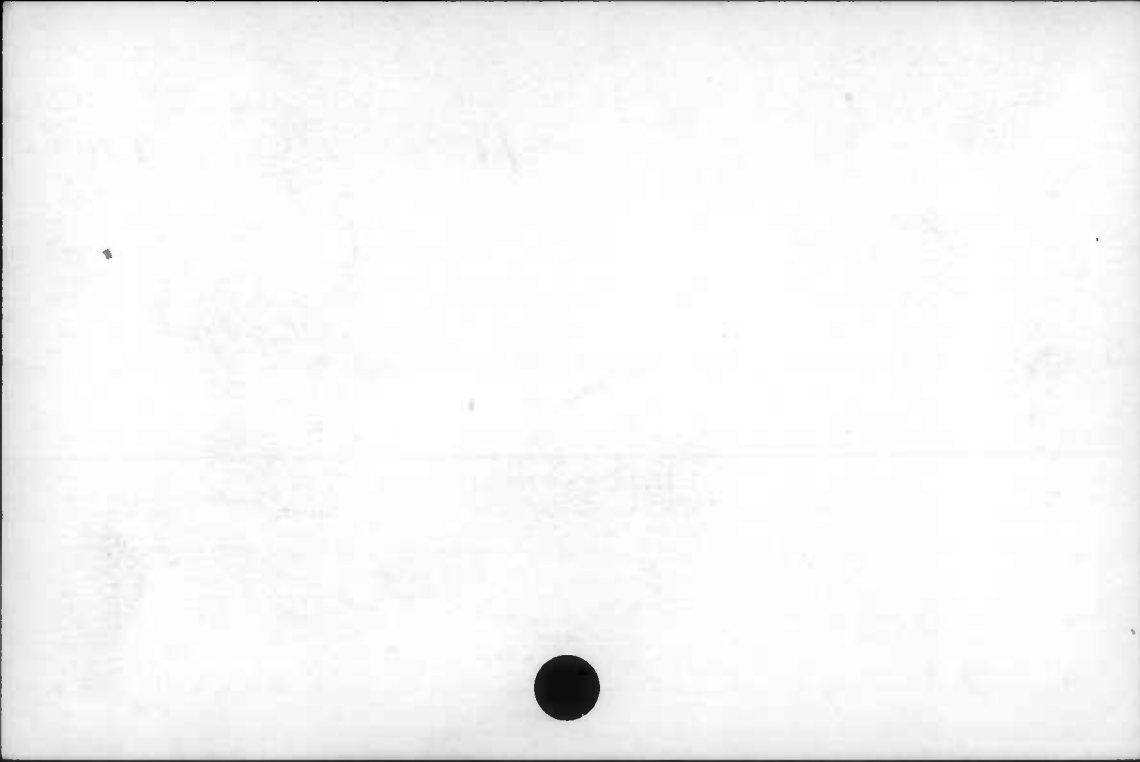
How long 1 wk.

How long 24 hrs

Chas. J. Dandam
Easton Md.

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

Edward Hubbard

CERTIFICATE OF DEATH

MARYLAND

Died at Easton Town TALM County

Date of death 1910 Feb Month 6 Day 84 Age 6 Years 26 Months 26 Days

Sex Male Color or Race White Birth-place Laurel

Occupation Retired Where Residing if not at place of death X

Married, Single or Widowed widowed Name of Wife or Husband Not known

Father's Name Newton Hubbard

Father's Birthplace Caroline County

Mother's Maiden Name Mary Todd

Mother's Birthplace Caroline County

Name of person giving Information Wood Hubbard

How related to deceased Son

CAUSES OF DEATH

Primary Hypostatic Pneumonia

How long 7 days

Immediate Cordial Asthenia

How long about 6 hrs.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

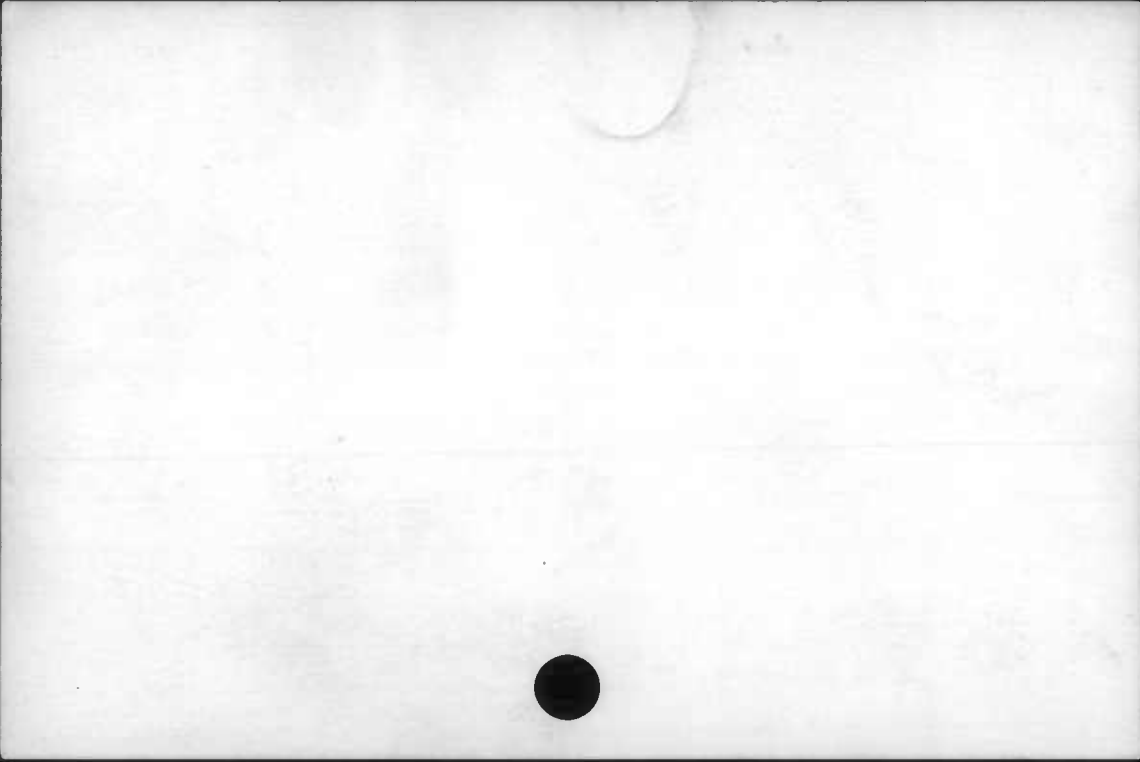
Address

P. J. Travers,
Easton, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Maggie Lemon

Town

Easton

County

Talbot

MARYLAND

Died at

Date

of death

19010 Feb

Month

Day

17

Age

Years

1

Months

1

Days

Sex

Female

Color or
Race

Black

Birth-
place

Easton

Occupation

X

Where Residing if not
at place of death

X

Married, Single
or Widowed

X

Name of Wife or
Husband

X

Father's
Name

Robert Lemon

Father's
Birthplace

Washington

Mother's
Maiden Name

Hannie Gibson

Mother's
Birthplace

Manassas

Name of person giving
Information

Hannie Lemon

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia
Exhaustion

How long

3 weeks

Immediate

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

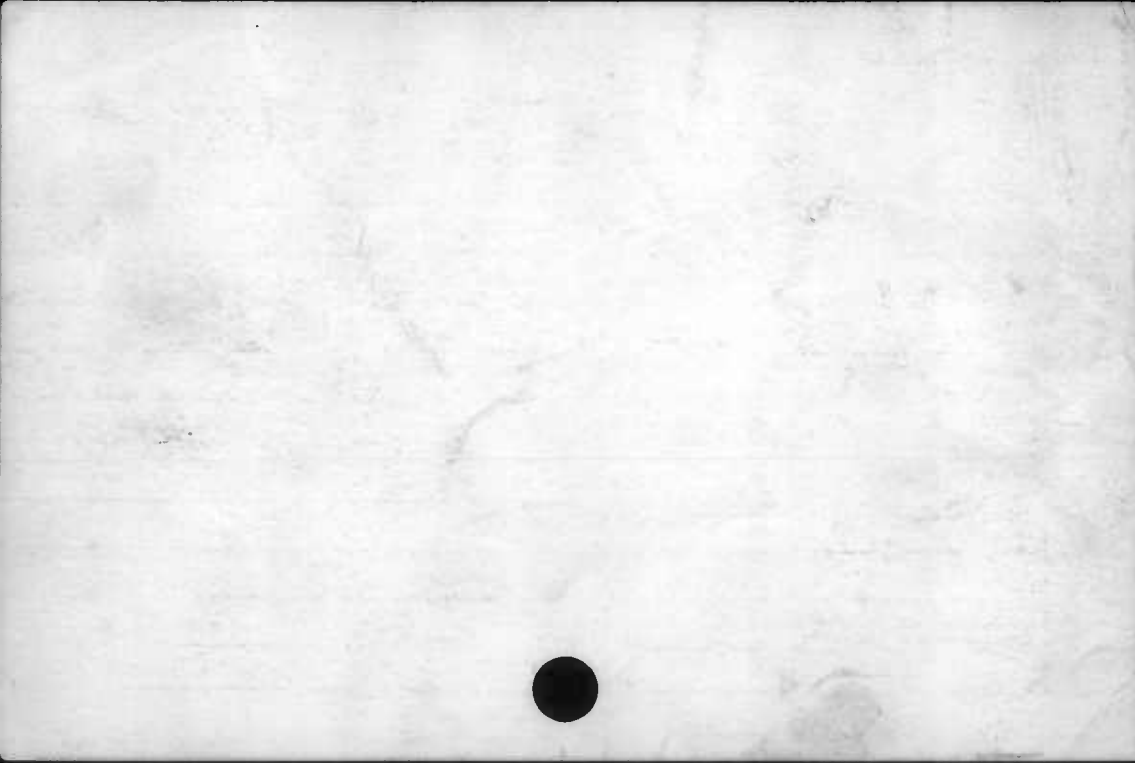
Address

Robert Lemon
Easton

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Maria Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

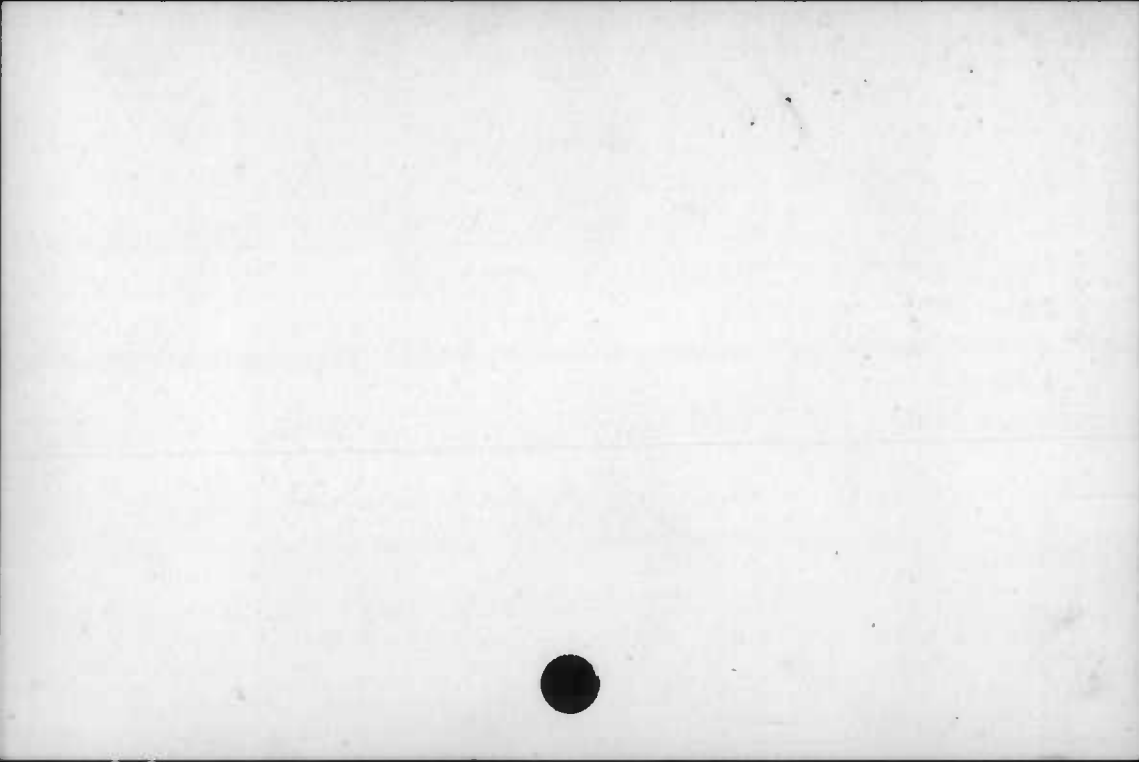
Died at		Town <i>Offora</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1900	Month	<i>Feb.</i>	Day	<i>17</i>	Age	<i>44</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Talbot Co Md.</i>		
Occupation	<i>Dressmaker</i>			Where Residing if not at place of death <i>Offora Md</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Jed. Hopkins Leonard</i>				Father's Birthplace <i>Royal Oak Md.</i>		
Mother's Maiden Name	<i>Mary C Benson</i>				Mother's Birthplace <i>White Pine Md. Talbot Co.</i>		
Name of person giving information	<i>Mrs Jrs Leonard</i>				How related to deceased <i>Sister in law</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular dis of Heart</i>	How long	<i>30 4 Years</i>
Immediate	<i>Heart failure</i>	How long	<i>Short time</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. L. L. M.D.</i>
		Address	<i>Offora Md</i>
Accident or Suicide <i>_____</i>			



Name
in
Full

Constantia Hupfield Lewis

CERTIFICATE OF DEATH

MARYLAND

Died ~~in~~ ^{Town} Easton

^{County} Talbot

Date of death 1980 Febry

Day 28

Age 83

Months 3

Days 15

Sex female

Color or Race white

Birth-place Philada Pa

Occupation Widow

Where Residing if not at place of death

Hynecote Pa —

~~Married~~
or Widowed

Name of Wife or Husband Saml Crozer Lewis

Father's Name Ashbel Taylor

Father's Birthplace N.Y. State

Mother's Maiden Name Jane Trute

Mother's Birthplace Claymont Del.

Name of person giving Information S.A. Rohrer

How related to deceased Son in Law

CAUSES OF DEATH

Primary Progressive Paralysis

How long 67 3 weeks

Immediate Exhaustion

How long a few days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. R. Zipp

Address

Easton

Med

~~Accident or Suicide~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Media. Pa

1826-1910.

Name
in
Full

Michael MacHale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 1900 Feb 29th 29 60 Age 60 Months — Days —

Sex Male Color or Race White Birth-place Ireland

Occupation None Where Residing if not at place of death at place of death

Married, Single or Widowed Married Name of Wife or Husband Isabelle MacHale

Father's Name Martin MacHale Father's Birthplace Ireland

Mother's Maiden Name Julia MacDonough Mother's Birthplace Ireland

Name of person giving Information John H MacHale How related to deceased Brother

CAUSES OF DEATH

Primary Pneumonia 99 V How long 10 days

Immediate Asthma How long One day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

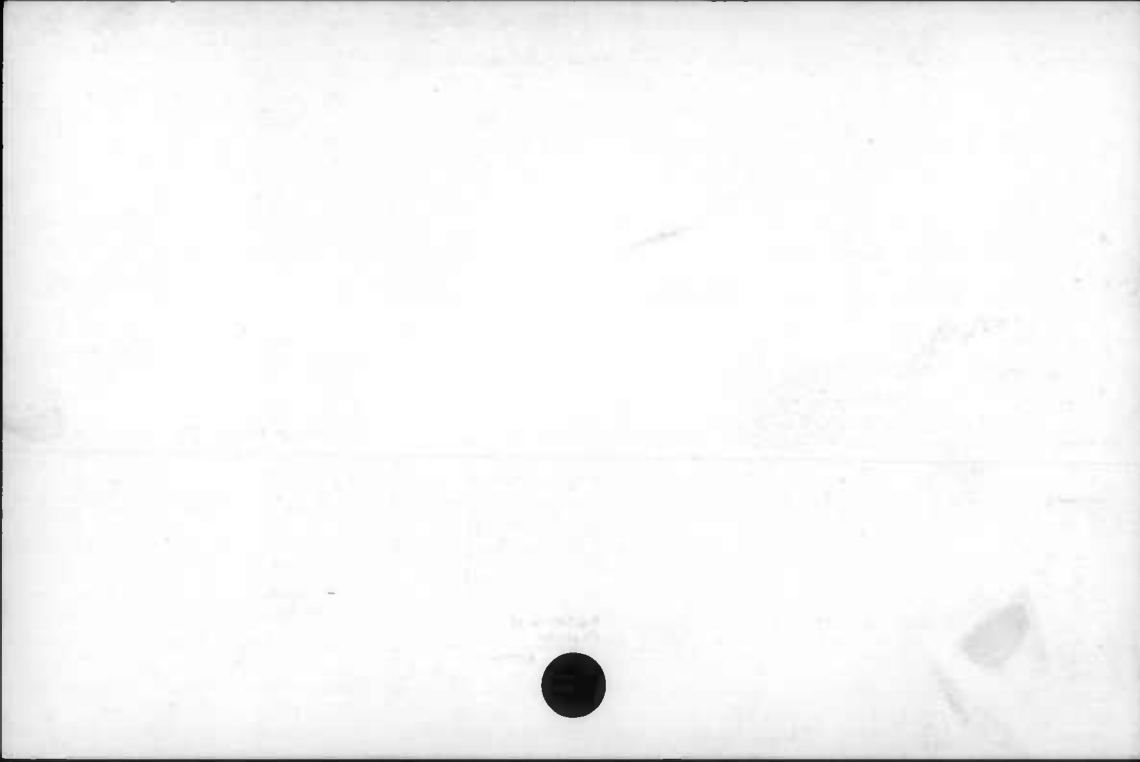
Address



P. L. Travers
Easton, Md

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Mitchell

Town *Linn* County *Liberty Co.* MARYLAND

Died at *Linn*

Date of death *1900 Feb 10* Age *54* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Greensboro*

Occupation *Dealer in Iron & Steel* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie*

Father's Name *Jesse T. Mitchell* Father's Birthplace *Greensboro*

Mother's Maiden Name *Caroline Magee* Mother's Birthplace *Greensboro*

Name of person giving Information *William Mitchell* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intestinal ulcer* How long *Probably several months*

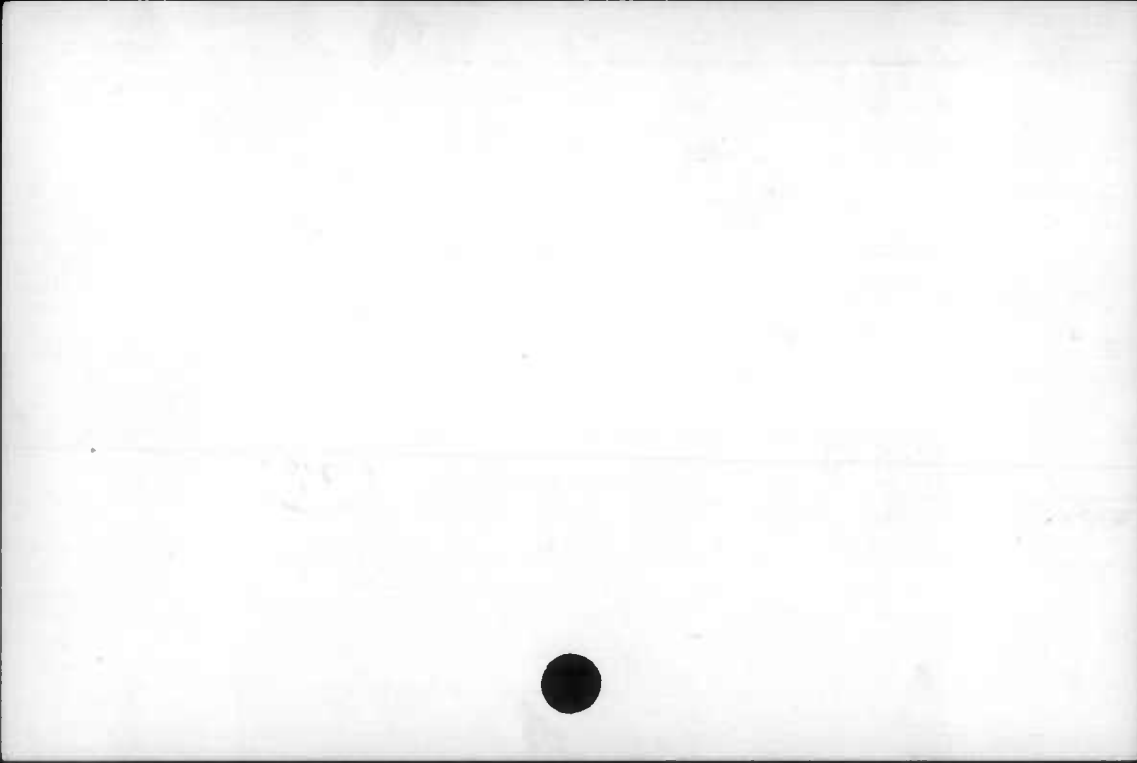
Immediate *Pyro-mono-thorax* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. W. B. Rowe, M.D.*

Address *Hillboro, Md.*

Accident or Suicide *No.*



Name
in
Full

William Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Deep Creek		County Talbot.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1986		Feb.	1	30	-	-	-
Sex		Color or Race		Birth-place			
Male		Colored		Talbot comd			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Rosetta Murray					
Father's Name				Father's Birthplace			
William Murray Sr.				Talbot comd			
Mother's Maiden Name				Mother's Birthplace			
Susan Murray				Talbot comd			
Name of person giving Information				How related to deceased			
Hester Spencer				Sister father			

CAUSES OF DEATH

Primary		How long	
Tuberculosis Pulmonalis		10 or 12 mo	
Immediate		How long	
Asthma		Several weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Samuel B. Trippe	
		Address	
		Royal Oak, Md	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

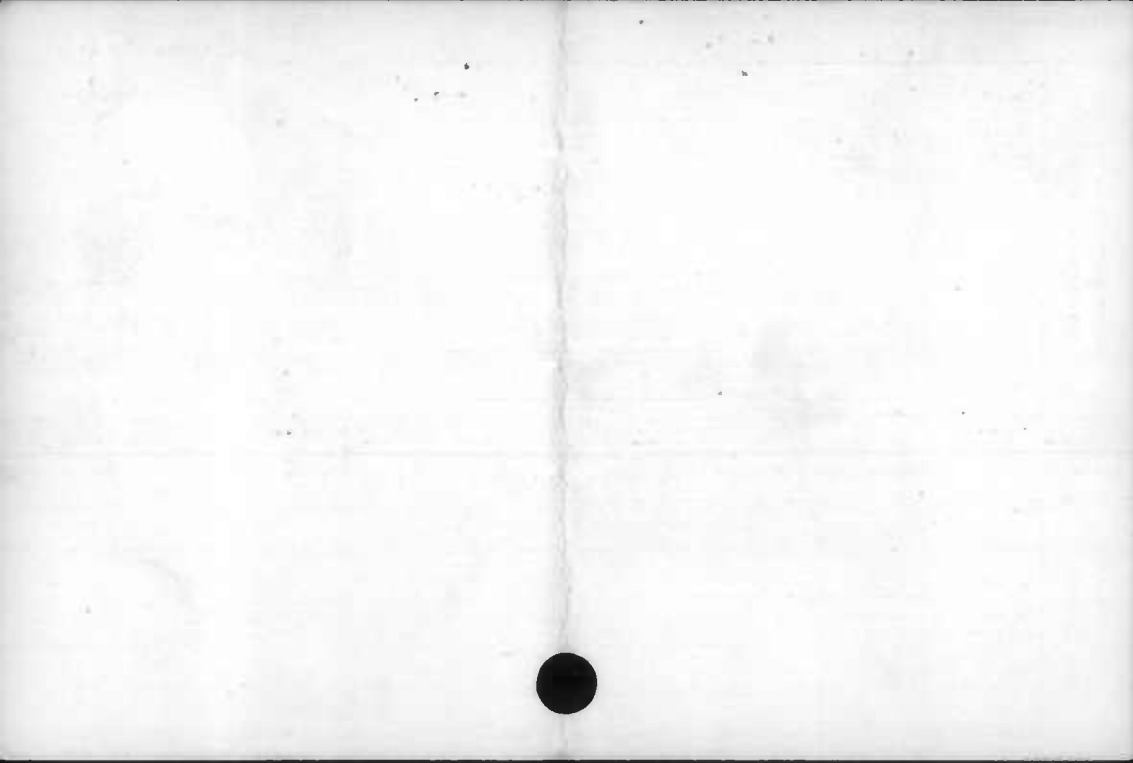
Died at <i>Wye Mills</i>		County <i>Talbot</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>03</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>MD</i>	Days <i>4</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>Wye Mills</i>				
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>Child</i>				
Father's Name <i>Wm Pauls</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Jamie Wilmer</i>	Mother's Birthplace <i>MD</i>				
Name of person giving Information <i>Wm Pauls</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

151 ✓

PHYSICIAN
OR CORONER

Primary <i>five months Syphilis</i>	How long <i>—</i>
Immediate <i>Natural Causes</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Slack M.D.</i>
	Address <i>Wye Mills MD</i>
Accident or Suicide	



Name
in
Full

Nathaniel Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i> Town		<i>Valbol-</i> County		MARYLAND	
Date of death	19 <i>80</i> Month <i>May</i> Day <i>2</i>	Age	<i>60</i> Years	<i>Not Known</i> Months	Days
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Chapel dis</i>
Occupation	<i>Farm Hand</i>		Where Residing if not at place of death <i>Near Cordova. Ind</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Charlotte. Gleason. Pierce</i>		
Father's Name	<i>Wesley Pierce</i>		Father's Birthplace	<i>Not Known</i>	
Mother's Maiden Name	<i>Calphine</i>		Mother's Birthplace	<i>Not Known</i>	
Name of person giving information	<i>Nathaniel Pierce Jr</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

40

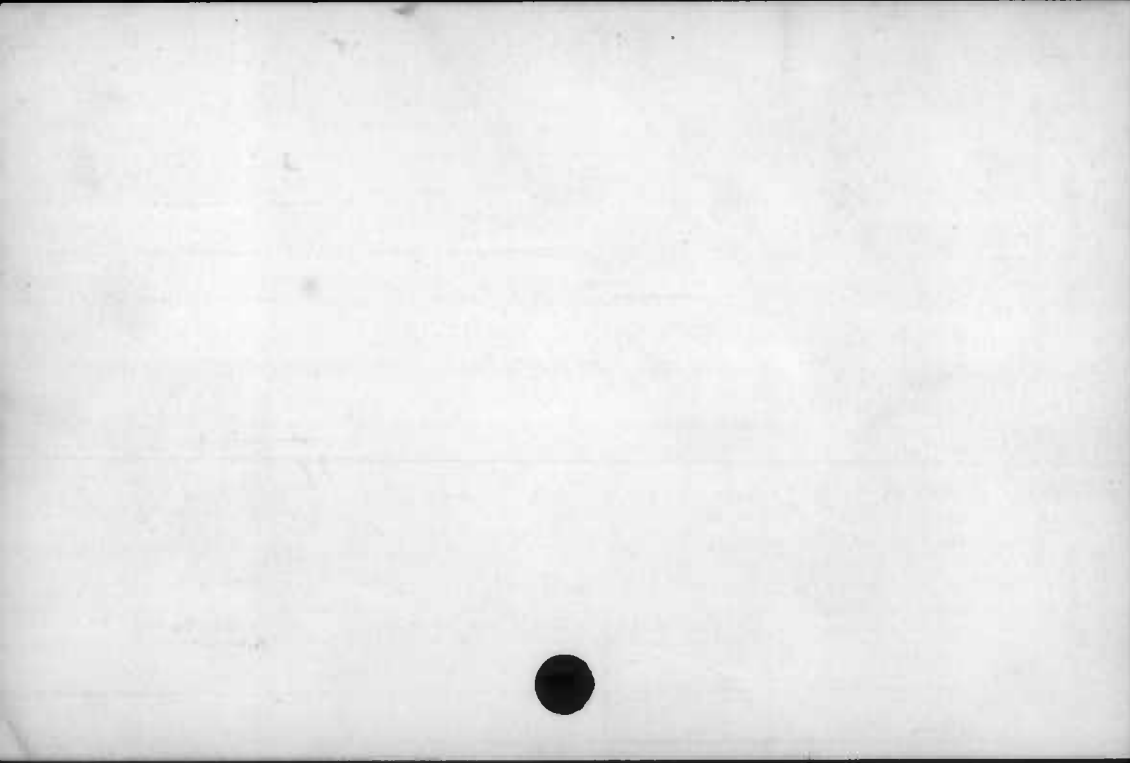
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PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach involving liver</i>		How long	<i>Over a year</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>C. M. Stelly M.D.</i>
			Address	<i>Cordova. Ind.</i>
Accident or Suicide?				



Name in Full		William Troy Stewart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died .		Royal Oak, Md		Tulhat County	
		Date of death		1940 Feb. 16		Age 73	
		Sex		Male		Color or Race	
		Occupation		Farmer		Birth-place	
		Married, Single or Widowed		Married		Name of Wife or Husband	
		Father's Name		Samuel Stewart		Father's Birthplace	
		Mother's Maiden Name		Mary Ann Lemmon		Mother's Birthplace	
Name of person giving information		Stewart F. Benson		How related to deceased		Nephew	
				CAUSES OF DEATH		90 ✓	
PHYSICIAN OR CORONER		Primary		Chronic Bronchitis		How long	
		Immediate		Heart failure		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Accident or Suicide?				Address	
				Royal Oak Md			



Name
in
Full

Leadus Leatchby Taylor

CERTIFICATE OF DEATH

Died at *Oxford* TownCounty *Talbot*

MARYLAND

Date
of death *1960*Month
*2*Day
24

Age

Years
*55*Months
*no*Days
*15*Sex *Male*Color or
Race *White*Birth-
place *Delaware*Occupation
*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Lillie E. Taylor*Father's
Name *Leadus Leatchby Taylor*Father's
Birthplace *Delaware*Mother's
Maiden Name *Lillie E. Disharoon*Mother's
Birthplace *Wilmington Co.*Name of person giving
information *Deerwood Taylor*How related
to deceased *Son*

CAUSES OF DEATH

120

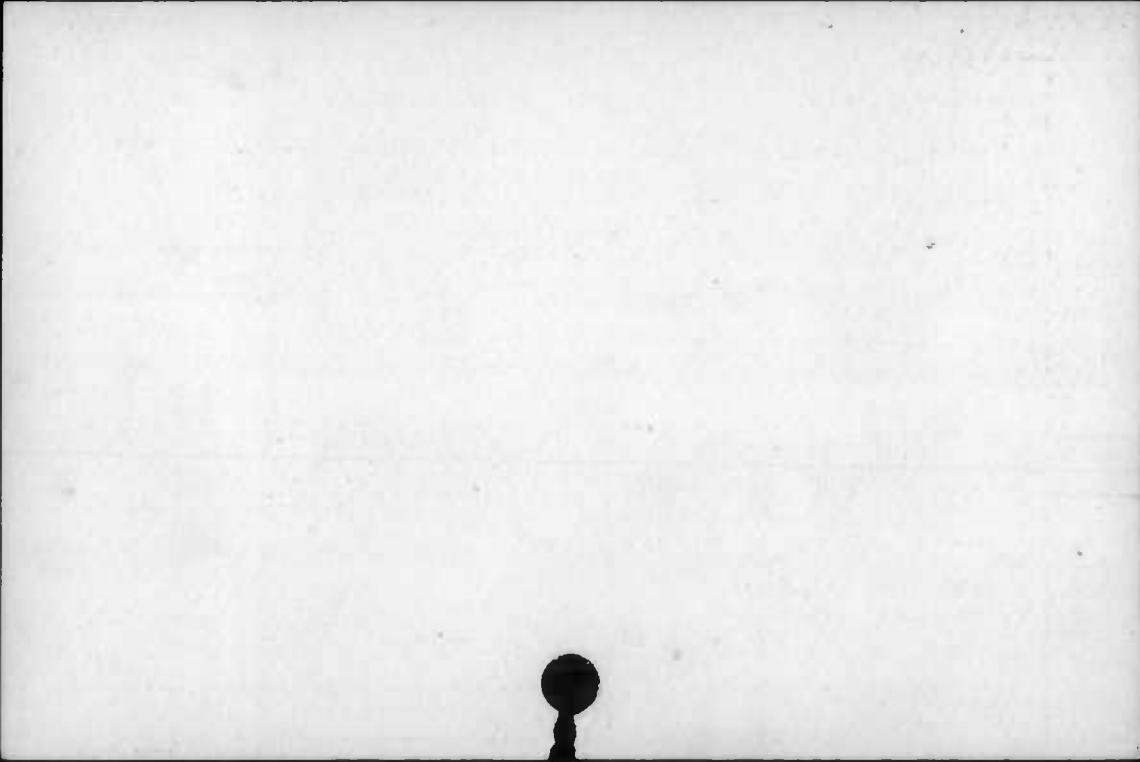
Primary *Albuminuria*How long
*7 months*Immediate *Heart failure*How long
*only few minutes*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*D. S. Roberts*

Address

*Oxford**Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Name *Jamie Thomas*Died at *Easton* TownCounty *Talbot*

MARYLAND

Date of death *1960 Feb* MonthDay *26*Age *21* YearsMonths *3*Days *4*Sex *male*Color or Race *colored*Birth-place *Talbot Co Md*Occupation *Oyster Shucker* Where Residing if not at place of deathMarried, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Rob. Thomas*Father's Birthplace *Talbot Co Md*Mother's Maiden Name *Sarah Davies*Mother's Birthplace *Talbot Co Md*Name of person giving Information *William Thomas*How related to deceased *Bro*

CAUSES OF DEATH

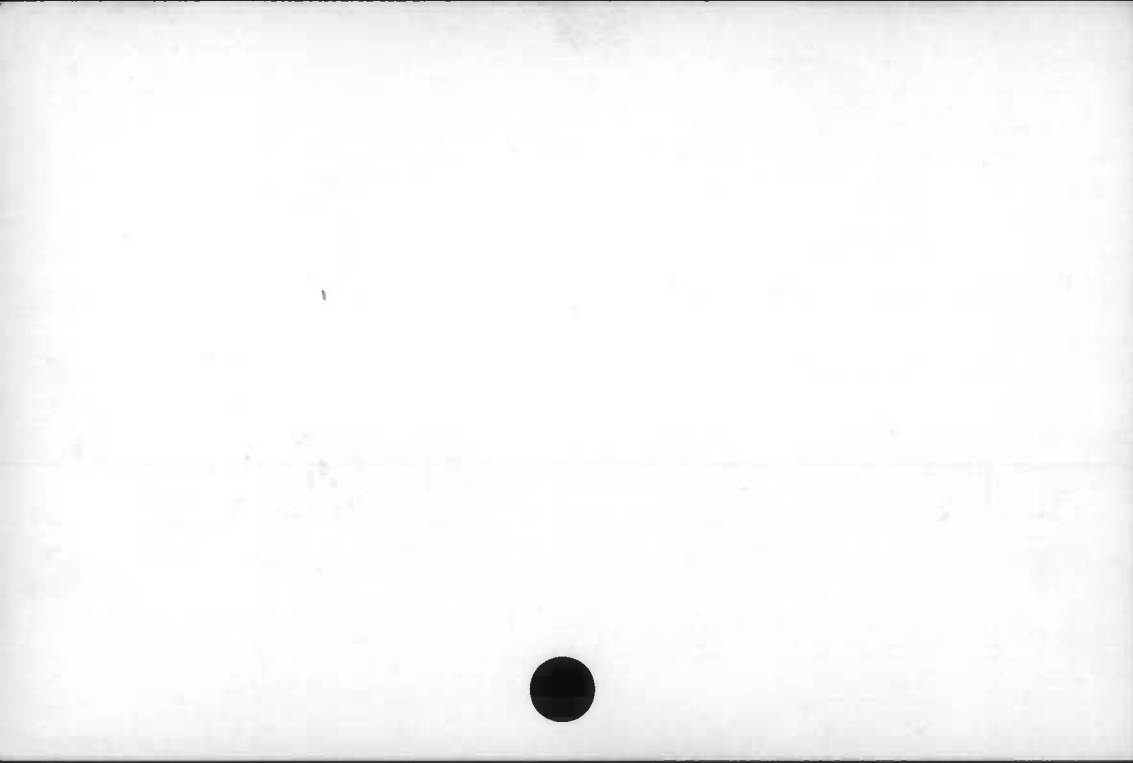
Primary *Intestinal Obstruction*How long *9 days*Immediate *General Peritonitis before operation*How long *4 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Chas. F. Davidson

Address

*Easton, Md.*Accident or Suicide ☒TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Annetta Valliant
Town Beechview County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at Beechview

Date

of death 1901

Month

2

Day

20

Age

38

Years

Months

10

Days

4

Sex

Female

Color or
Race

White

Birth-
place

Talbot Co.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

W. H. Valliant

Father's
Name

J. H. Humann

Father's
Birthplace

Talbot Co.

Mother's
Maiden Name

Mary Liza Parsons

Mother's
Birthplace

" "

Name of person giving
Information

W. S. W. Humann

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Erysipelas complicated with
Pneumonia

How long

12 days

Immediate

Asphyxiated

How long

200 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Samuel C. Tippe
Royal Oak, Md

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

Daniel H. Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} M C Daniel ^{County} Talbot MARYLAND

Date of death 1900 ^{Month} Feb ^{Day} 14 ^{Years} Age 24 ^{Months} 11 ^{Days} 1

Sex M Color or Race Black Birth-place M C Daniel

Occupation Cook Where Residing if not at place of death M C Daniel

Married, Single or Widowed Married Name of Wife or Husband Henrietta Trott

Father's Name John H Webb Father's Birthplace M C Daniel

Mother's Maiden Name Deborah Hyson Mother's Birthplace M C Daniel

Name of person giving Information John H. Webb How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 6 months

Immediate Cardiac Asthenia How long today

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Louis H. Leth Address M C Daniel

Accident or Suicide no

